THOR-AABB joint working group report

Mark Yazer on behalf of the working group

My disclosures

- Grífols: Scientific advisory board & honoraria
- Macopharma: Scientific advisory board
- Octapharma: Scientific advisory board
- Haemonetics: Honoraria
- Terumo: Honoraria
- Cook Biomedical: Scientific advisory board
- Verax Biomedical: Scientific advisory board

AABB/THOR joint work group

- AABB (formerly the American Association of Blood Banks) is an authority on all things blood transfusion
- THOR is a network focused on improving outcomes for patients with traumatic hemorrhagic shock
- Lots of common interests
- Joint work group founded in summer 2016





AABB/THOR joint work group

Membership is diverse

AABB

Mark Yazer (co-chair)

Andrew Cap

Roland Fahie

Emmett Gourdine

Steve Kleinman

Steve Sloan

Jim Stubbs

THOR

Phil Spinella (co-chair)

Donald Jenkins

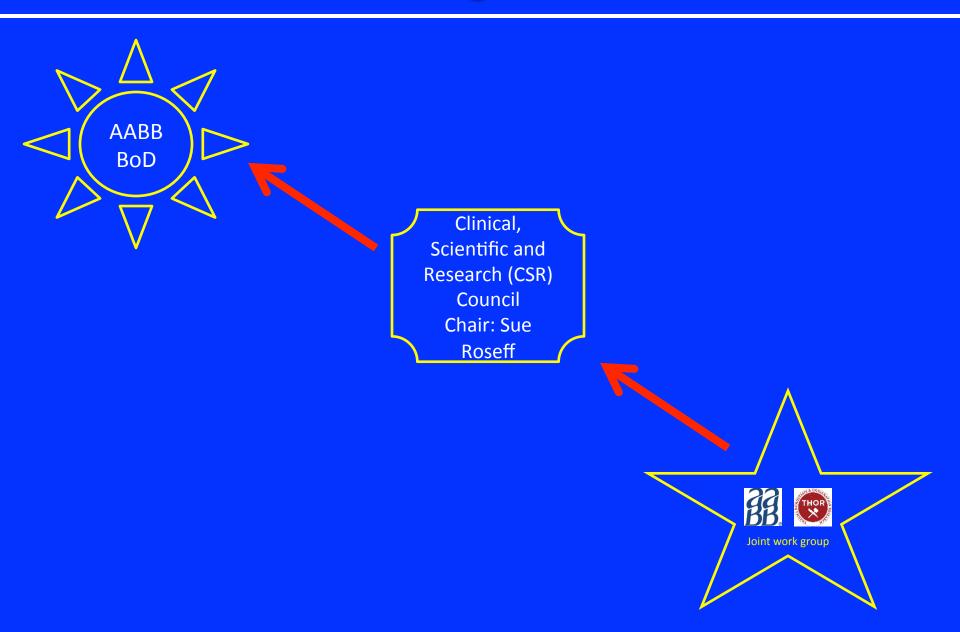
Ernest Moore

Paul Ness

Eilat Shinar

Kevin Ward

AABB organization



AABB/THOR joint work group

- Broad mandate:
 - Develop new blood use in massive bleeding policies or standards
 - Suggest changes to existing olicies or standards
 - Conduct research
 - Write commentaries
 - Liaise with regulatory agencies about blood product use in massive bleeding
 - Promugate best practices

Educational opportunities, 1

 Pre-AABB annual meeting day-long workshop on advances in blood product utilization in trauma

003-QE: Patient Blood Management Workshop: Advances in Blood Use for Resuscitation in Trauma and Hemorrhage: Perspectives from AABB and the THOR Network

Description

Transfusions play a key role in preventing deaths in traumatic shock and in other massively bleeding patients. The challenges and benefits of providing optimal transfusion support during the resuscitation of these patient are less well characterized than in stable patients. This workshop, organized by members of AABB and the THOR Network, will highlight use of current and next-generation interventions to improve transfusion support in these settings, and will address practical considerations in the implementation of better care strategies.

Friday, October 06, 2017

08:00 AM - 05:30 PM

San Diego Convention Center

Speakers

Philip Spinella, MD

Washington University School of Medicine

David Callaway

Carolinas Medical Center

Eilat Shinar

Magen David Adom

Andrew P Cap, MD, PhD

U.S. Army Institute of Surgical Research

Elon Glassberg

Israel Defense Forces Medical Corps

Andrew Beckett, CD MD FRCSC FACS

Lieutenant-Colonel, Royal Canadian Army Medical Corps

Geir Strandenes, MD

Haukeland University Hospital

Mark Yazer, MD

University of Pittsburgh

Steve Williams

Bingham Memorial Hospital

James R Stubbs

Mayo Clinic

Darrell Triulzi, MD

Institute For Transfusion Medicine

Charlene Bierl

Cooper Health System

Nancy M. Dunbar, MD

Dartmouth-Hitchcock Medical Center

Donald Jenkins, MD

Mayo Clinic

Kevin Ward, MD, FACEP, FAAEM

University of Michigan

Educational opportunities, 2

 AABB annual meeting 3-hour educational session on prehospital blood use in massive bleeding



HOME | PROGRAM BY DAY | FACULTY | SEARCH SESSIONS | MEETING HOME

Saturday, 7 October 02:00 PM - 05:30 PM

0121-TC Sally Frank Memorial Award and Lectureship

§ San Diego Convention Center - 32AB

0122-TC Laboratory Monitoring of FDA Approved Factor Concentrates: The Pros and Cons

Edward Wong^{1,2}, Edward Wong^{1,2}, Kenneth Friedman³, Dr. Nicole D Zantek, MD, PhD⁴ and Edward Wong^{1,2}, (1)Quest Diagnostics, Chantilly, VA(2)Children's National Health System, Washington, DC(3)Blood Center of Wisconsin, Inc, Milwaukee, WI(4)Department of Laboratory Medicine and Pathology, University of Minnesota, Minneapolis, MN

♀ San Diego Convention Center - 29CD

0123-TC Pre-Hospital Blood Product Resuscitation in Patients with Life Threatening Hemorrhage

Prof. Mark Yazer, MD¹, Dr. Philip Spinella, MD², Andrew P Cap, MD, PhD³, Prof. Eilat Shinar⁴, James R Stubbs⁵, Elon Glassberg€, Donald Jenkins⁷, Dr. Andrew Beckett, CD MD FRCSC FACS⁸, Geir Strandenes, MD⁹, Prof. Mark Yazer, MD¹ and David Callaway¹⁰, (1)University of Pittsburgh, Pittsburgh, PA(2)Washington University School of Medicine, St. Louis, MO(3)U.S. Army Institute of Surgical Research, San Antonio, TX[4]Magen David Adom, Ramat Gan, Israel(5)Mayo Clinic, Rochester, MN(6)Israel Defense Forces Medical Corps, Ramat Gan, Israel (7) Professor/Clinical, Division of Trauma and Emergency Surgery, San Antinoa, TX(8) Lieutenant-Colonel, Royal Canadian Army Medical Corps, Montreal, QC, Canada(9)Department of Immunology and Transfusion Medicine, Haukeland University Hospital, Bergen, Norway(10)Carolinas Medical Center, Charlotte, NC

♀ San Diego Convention Center - 20A

0124-QE Teaching Problem Solving and Analytical Decision Making Skills

Catherine (Kate) Hernandez, MT(ASCP)SBB, St. Mary Medical Center, Long Beach, CA, Marilyn Moulds, BS, MT(ASCP)SBB, Henderson, TX, Yeon Mi Kim, MLS(ASCP)SBB, University of Texas Medical Branch, Galveston, TX and Mr. J. Wade Atkins, MS, MT (ASCP)SBB CQA (ASQ), NIH, Bethesda, MD

San Diego Convention Center - 33AB

0125-LM Armed Services Blood Program AABB Workshop: Leading and Transforming Transfusion Medicine Around the World in Peacetime and at War

Roland Fahie, MSC, USN, Armed Services Blood Program, Fairfax, VA and Carmen Bell, Medical Service, United States Army, Fairfax, VA

San Diego Convention Center - 30DE

AABB standard revision

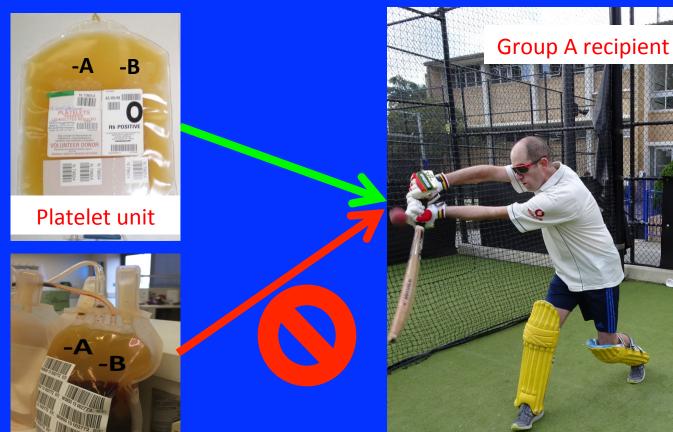
5.14.1: Recipients shall receive ABO group-specific Whole Blood

 Group O WB can only go to O recipient



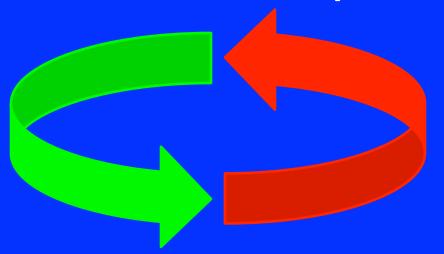
A circular series of standards

5.14.4: The transfusion service shall have a policy concerning transfusion of components containing significant amounts of incompatible ABO antibodies or unexpected red cell antibodies



The Cartesian circle reinvented for 2017

I can transfuse incompatible plasma



I can't transfuse the incompatible plasma in whole blood

What to do?

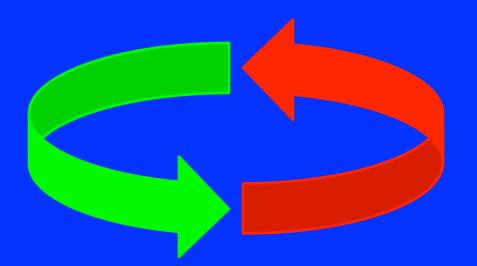
- Change standard 5.14.1 to permit transfusion of ABO compatible WB
- Doesn't make any sense to have a standard that is virtually immediately abrogated (or is it?)
- Comments submitted to Standards committee
 - Summarily rejected!
- Conference call being scheduled to address this issue with chairman of Standards committee

Towards a standard titer method

- Perhaps another limitation in implementing civilian
 WB is lack of a "safe" titer threshold for -A and -B
- Several questions
 - Does the method by which the titer is performed affect result?
 - Can we compare titers between studies if different methods used?
 - Which titer method is "the best"?
 - Is there a safe titer threshold for incompatible plasma transfusion?

Descartes would be displeased...

If titer method affects results & If there is no standard titer method



How can we determine a safe threshold?

Towards a standard titer method

- Idea to convene a consensus conference of experts to determine the gold standard titer method not supported
- A subgroup of the working group is meeting to discuss this issue
- Perhaps the approach should be:
 - Using a reasonable titer threshold (anything <250?) is probably better than no threshold
 - Chances of hemolysis are slim anyway
 - Pick a titer method and be consistent
 - Publish your results!

What else have we been up to?

- Safety of uncrossmatched RBC commentary
 - In revision for submission to Shock
- Collection of data re: the epidemiology of massive transfusion
- Determining best practice for use of whole blood, blood components, and hemostatic adjuncts for patients with severe bleeding
- Issues related to pre-hospital care for reimbursement
- Liaise with FDA regarding Review/Assessment of licensing criteria used by FDA needed for platelet products when indicated for patients with bleeding and new storage solutions for whole blood
- Contribute questions to AABB national surveys

How can you participate

- Membership in the working party is currently set
- Your ideas would be most welcome
 - We are collaborative!
 - Your ideas for standards revisions, policy statements etc. would be most welcome
 - Contact me or Phil anytime

